**Medical Release**

*In case of emergency, I authorize any member of Epiphany Lutheran Church to permit all necessary treatment for any of my children. I also release Epiphany Lutheran Church, its pastors, directors, supervising adults, and any individual in this program, from any responsibility for accidents or injuries incurred while participating in parent’s night out.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Publicity Release**

*I ALSO ALLOW Epiphany Lutheran Church to use photo, voice, and or video tapes of any of my children for Epiphany Public relations purposes.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*